



## Senate

General Assembly

**File No. 274**

February Session, 2018

Substitute Senate Bill No. 278

*Senate, April 5, 2018*

The Committee on Public Safety and Security reported through SEN. LARSON of the 3rd Dist. and SEN. GUGLIELMO of the 35th Dist., Chairpersons of the Committee on the part of the Senate, that the substitute bill ought to pass.

### ***AN ACT CONCERNING MENTAL HEALTH CARE AND WELLNESS TRAINING AND SUICIDE PREVENTION FOR POLICE OFFICERS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1       Section 1. (NEW) (*Effective from passage*) (a) For the purposes of this  
2       section, "police officer" has the same meaning as provided in section 7-  
3       294a of the general statutes, "firefighter" has the same meaning as  
4       provided in section 7-313g of the general statutes and "emergency  
5       medical services personnel" has the same meaning as provided in  
6       section 20-206jj of the general statutes.

7       (b) No municipality or state agency shall discharge, discipline,  
8       discriminate against or otherwise penalize a police officer, a firefighter  
9       or an emergency medical services personnel employed by such  
10      municipality or state agency because the police officer, the firefighter  
11      or the emergency medical services personnel has sought or received  
12      mental health care services. The provisions of this subsection shall not  
13      be applicable to a police officer, a firefighter or an emergency medical

14 services personnel who seeks or receives mental health care services to  
15 avoid discipline by such municipality or state agency.

16 (c) No municipality or state agency shall discharge, discipline,  
17 discriminate against or otherwise penalize a police officer employed by  
18 such municipality or state agency because the police officer returns his  
19 or her firearm used in the performance of the police officer's duties to  
20 such municipality or state agency during the time the police officer  
21 receives mental health care services. Such municipality or state agency  
22 shall return such firearm to the police officer when the police officer's  
23 licensed mental health care provider, psychiatrist or psychologist  
24 determines the police officer is ready to report for duty.

25 Sec. 2. (NEW) (*Effective from passage*) (a) Not later than July 1, 2018,  
26 the Commissioner of Emergency Services and Public Protection, in  
27 consultation with the Commissioner of Mental Health and Addiction  
28 Services and at least one advocacy organization that is concerned with  
29 the mental health care and wellness of police officers, shall develop  
30 and maintain a list of at least thirty licensed mental health care  
31 providers in the state that are trained in treating police officers and  
32 have expertise in the diagnosis and treatment of post-traumatic stress  
33 disorder in accordance with the most recent edition of the American  
34 Psychiatric Association's "Diagnostic and Statistical Manual of Mental  
35 Disorders". The list shall include, but need not be limited to, providers  
36 who are trained in eye movement desensitization and reprocessing  
37 therapy or any other evidence-based treatment modality and shall be  
38 published on the Department of Emergency Services and Public  
39 Protection's Internet web site.

40 (b) A police officer, as defined in section 7-294a of the general  
41 statutes, who is diagnosed with post-traumatic stress disorder by and  
42 receives treatment from a licensed mental health care provider on the  
43 list published under subsection (a) of this section, or is diagnosed with  
44 post-traumatic stress disorder by and received treatment from a  
45 psychiatrist licensed pursuant to chapter 370 of the general statutes or  
46 a psychologist licensed pursuant to chapter 383 of the general statutes

47 until such time as such list is published, after the police officer is  
48 involved in a shooting or other critical incident, may return to work  
49 after the police officer's licensed mental health care provider,  
50 psychiatrist or psychologist determines the police officer is ready to  
51 report for duty in the same or another capacity, provided the police  
52 officer returns to work not later than one year from the date of the  
53 shooting or other critical incident.

54 Sec. 3. (NEW) (*Effective from passage*) (a) Not later than July 1, 2019,  
55 the Police Officer Standards and Training Council established under  
56 section 7-294b of the general statutes shall develop and promulgate a  
57 model critical incident and peer support policy that is consistent with  
58 guidelines published by the International Association of Chiefs of  
59 Police to support the mental health care and wellness of police officers.

60 (b) Not later than August 1, 2019, each municipal police department  
61 shall (1) adopt and maintain a written policy that meets or exceeds the  
62 standards in the model policy developed pursuant to subsection (a) of  
63 this section, (2) make peer support available to the department's police  
64 officers after a shooting or other critical incident, and (3) refer a police  
65 officer seeking mental health care services to a licensed mental health  
66 care provider on the list published under section 2 of this act.

67 Sec. 4. (NEW) (*Effective October 1, 2018*) The Division of State Police  
68 within the Department of Emergency Services and Public Protection  
69 and the Police Officer Standards and Training Council, established  
70 under section 7-294b of the general statutes, in consultation with the  
71 Department of Mental Health and Addiction Services, shall provide  
72 mental health care and wellness training and crisis intervention  
73 techniques to police officers hired on or after October 1, 2018, by the  
74 division or a municipal police department.

75 Sec. 5. (NEW) (*Effective from passage*) (a) The Commissioner of  
76 Emergency Services and Public Protection shall establish and maintain  
77 a list of police officers, as defined in section 7-294a of the general  
78 statutes, and former police officers who died by suicide on or after the  
79 effective date of this section without identifying the names of such

80 police officers or former police officers. The list shall indicate, to the  
 81 extent known, whether such police officer or former police officers was  
 82 actively employed, on administrative leave, separated, resigned,  
 83 terminated or retired from the Division of State Police within the  
 84 Department of Emergency Services and Public Protection or a  
 85 municipal police department at the time of the suicide.

86 (b) Each municipal police department shall notify the commissioner  
 87 when the department knows that a police officer or former police  
 88 officers who was employed by the department died by suicide on or  
 89 after the effective date of this section without identifying the name of  
 90 the police officer or former police officer and indicate, to the extent  
 91 known, whether such police officer or former police officer was  
 92 actively employed, on administrative leave, separated, resigned,  
 93 terminated or retired from the department at the time of the suicide.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>October 1, 2018</i>	New section
Sec. 5	<i>from passage</i>	New section

**Statement of Legislative Commissioners:**

In Section 1(b), "seek or receive" was changed to "has sought or received" for clarity, in Section 1(c), ", psychiatrist or psychologist" was inserted before "determines" for consistency and in Section 5, references to former police officers were inserted for accuracy.

**PS**            *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

### ***OFA Fiscal Note***

#### ***State Impact:***

<b>Agency Affected</b>	<b>Fund-Effect</b>	<b>FY 19 \$</b>	<b>FY 20 \$</b>
Mental Health & Addiction Serv., Dept.	GF - Cost	Potential	Potential
Department of Emergency Services and Public Protection	GF - Cost	See Below	See Below

Note: GF=General Fund

#### ***Municipal Impact:***

<b>Municipalities</b>	<b>Effect</b>	<b>FY 19 \$</b>	<b>FY 20 \$</b>
Various Municipalities	STATE MANDATE - Cost	Potential	Potential

### ***Explanation***

There is a cost to the Department of Emergency Services and Public Protection (DESPP), the Department of Mental Health and Addiction Services (DMHAS) and to municipalities associated with the bill. The bill requires DESPP to maintain new databases, provide new mental health trainings in consultation with DMHAS, and provides various protections to first responders who seek mental health support.

There is a cost to DESPP in creating two databases, one related to suicides by law enforcement officers, and a statewide inventory of mental health care professionals who can provide support to officers. DESPP may need to hire additional personnel or a consultant to create and maintain such databases.

There is a potential cost to DESPP and DMHAS to provide

additional mental health care training to all newly-hired state and municipal police officers. This may require POST or DMHAS to hire additional training personnel who specialize in such issues, and could result in overtime costs to the agency.

Additionally, there is also a potential cost to DESPP and municipalities from requiring mental health professionals to determine if police officers are ready to report to duty. To the extent any state or municipal police officer spends more time on paid leave due to seeking mental health support, there is an associated cost in overtime spending to the department.

### ***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

**OLR Bill Analysis****sSB 278*****AN ACT CONCERNING MENTAL HEALTH CARE AND WELLNESS TRAINING AND SUICIDE PREVENTION FOR POLICE OFFICERS.*****SUMMARY**

This bill provides certain job protections and assistance for some public safety personnel, particularly police officers, who seek or receive mental health services.

The bill prohibits municipalities or state agencies from discharging, disciplining, discriminating against, or penalizing (1) certain public safety personnel because they seek or receive mental health services and (2) police officers who return their official firearm while receiving mental health treatment. It requires the municipality or agency to return the officer's official firearm when a licensed mental health provider, psychiatrist, or psychologist determines the officer is ready for duty.

The bill also:

1. requires the Department of Emergency Services and Public Protection (DESPP) commissioner to develop and maintain a list of at least 30 mental health providers with training in treating police officers and expertise in post-traumatic stress disorder (PTSD);
2. specifically allows police officers who are diagnosed with PTSD after being involved in a shooting or critical incident to return to work within a year of the incident under certain conditions;
3. requires the Police Officer Standards and Training Council (POST) to develop a model policy to support the mental health and wellness of police officers and requires municipal police

departments to adopt a policy that meets or exceeds the POST mental health policy, among other things;

4. requires the State Police and POST, in consultation with the Department of Mental Health and Addiction Services (DMHAS), to provide mental health care and wellness training and crisis intervention techniques to police officers hired on or after October 1, 2018; and
5. requires DESPP to establish and maintain a database of police officers who commit suicide and each municipal police department to notify DESPP when one of its officers commits suicide.

EFFECTIVE DATE: Upon passage, except the training provision is effective October 1, 2018.

### **JOB PROTECTIONS**

The bill prohibits municipalities or state agencies from discharging, disciplining, discriminating against, or penalizing police officers, firefighters, or emergency medical services personnel because they seek or receive mental health services for any reason other than to avoid discipline. (The bill does not define discipline, discriminate against, or otherwise penalize for the bill's purposes.)

A police officer means any sworn member of an organized local police department; an appointed constable who performs criminal law enforcement duties; special police officers appointed under law; and members of a law enforcement unit who perform police duties, including the State Police and tribal police (CGS § 7-294a).

A firefighter means any local fire marshal, deputy fire marshal, fire investigator, fire inspector, and uniformed municipal and state firefighters (CGS § 7-313g).

Emergency medical services personnel means anyone certified to practice as an emergency medical responder, emergency medical



technician, advanced emergency medical technician, emergency medical services instructor, or paramedic (CGS § 20-206jj).

### **MENTAL HEALTH PROVIDER LIST**

By July 1, 2018, the bill requires the DESPP commissioner, in consultation with the DMHAS commissioner and at least one advocacy organization concerned with police officer mental health care and wellness, to develop and maintain a list of at least 30 licensed Connecticut mental health care providers trained in treating police officers. These providers must have expertise in diagnosing and treating PTSD in accordance with the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders."

The list must include providers who are trained in eye movement desensitization and reprocessing therapy or any other evidence-based treatment modality.

The bill requires DESPP to publish the list on its website.

### **POLICE WITH PTSD**

The bill specifically allows police officers who are diagnosed with PTSD after being involved in a shooting or other critical incident to return to work within a year of the incident upon the mental health professional's determination that they are fit for duty in the same or another capacity. The mental health professional must be someone on DESPP's list or if the list is not published, a psychiatrist or psychologist. Presumably, this provision applies to voluntary or involuntary leave.

### **MENTAL HEALTH AND WELLNESS MODEL POLICY**

By July 1, 2019, the bill requires POST to develop and promulgate a model critical incident and peer support policy that is consistent with the guidelines published by the International Association of Chiefs of Police to support the mental health care and wellness of police officers.

By August 1, 2019, the bill requires each municipal police

department to (1) adopt and maintain a written policy that meets or exceeds the standards in the POST-developed model policy, (2) make peer support available to its police officers after a shooting or other critical incident, and (3) refer police officers seeking mental health care services to a licensed mental health care provider on the DESPP-list.

### **LIST OF OFFICERS WHO COMMITTED SUICIDE**

The bill requires the DESPP commissioner to establish and maintain a list of police officers who died by suicide on and after the bill's passage without identifying the police officer by name. The list must indicate, to the extent known, whether the officer was actively employed, on administrative leave, separated, resigned, terminated, or retired from the State Police or a municipal police department at the time of the suicide.

Under the bill, each municipal police department must notify the commissioner when it knows that a police officer employed or formerly employed there died by suicide on or after the bill's passage. Each department must do so in the same manner as DESPP maintains its list.

### **COMMITTEE ACTION**

Public Safety and Security Committee

Joint Favorable Substitute

Yea    22    Nay   3    (03/16/2018)